



CITY OF LAS VEGAS
DEPARTMENT OF BUILDING & SAFETY
PERMIT APPLICATION

BAR CODE HERE

TYPE OR PRINT (BLACK INK ONLY)

Project #

183769

Parent Project #

28930

FOR: ☐ Commercial & Public Structures

☐ Single Family Residence

WORK DESCRIPTION: REV. ARCH/STRUCT. FOR NCR'S

PERMITS REQUESTED: ☐ Building

☐ Mechanical Val

☐ Plumbing Val

☐ Electrical Val

TOTAL VALUATION: \$

ADDRESS: 300 STANFORD AVE

ZIP 89101

OWNER/BUILDER NAME: CLV

CONTRACTOR: ARCO CONSTRUCTION

PROJECT/BUSINESS NAME: MOB MUSEUM

CONTACT PHONE NO.: 702 469-2701

CONTACT FAX NO.:

STATE CONTRACTOR LICENSE NO.:

CITY BUSINESS LICENSE NO.:

PARCEL NO.:

ZONE: C-V

LOT(s):

BLOCK:

SUBDIVISION:

OCCUPANCY GROUP:

USE:

CONST. TYPE:

SQUARE FT OF FLOOR AREAS: 1st

2nd

3rd

Garage

Patio

Balcony

Total

No. of Units

No. of Stories

SPECIAL CONDITIONS:

I state that the information I have supplied on this application is true and correct. By signing this application, I agree to comply with all conditions as noted on this permit.

Contractor or Agent / Owner

Date

Planning Department

Date

Land Development/Flood Control Engr.

Date

Fire Department

Date

Building Department

Date

TOTAL PERMIT FEE: \$

195

PRE-PAID: Plan Review \$

PRE-PAID: Zoning \$

TOTAL \$

Permit Expires 180 Days After
Abandonment of Work

Permits expire when no inspection has been requested for any
180-day period after the permit has been issued.

183769



CONTACT SHEET

All plan submittals shall include this form.

Call Bryan Benson at (702) 469-2701 when plans are ready. (REQUIRED)FAX # _____ E-MAIL benson@apcoconstruction.com

Application #

183769

PC #

28930

OWNER / DEVELOPER(REQUIRED FIELD) <u>CLV - Sam Tolman</u>		PHONE <u>1-702-229-2091</u>
		E-MAIL
ADDRESS <u>300 STEWART AVE</u> ZIP <u>89101</u>		FAX
TENANT OPERATOR(REQUIRED FIELD) <u>CLV</u>		PHONE
		E-MAIL
ADDRESS ZIP		FAX
ARCHITECT <u>WRL</u>		PHONE <u>1-602-212-0451</u>
		E-MAIL
ADDRESS <u>16 Camelback</u> ZIP <u>PHOENIX, AZ 85012</u>		FAX <u>1-602-212-1020</u>
STRUCTURAL ENGINEER <u>FORRY SMITH</u>		PHONE <u>1-775-829-9277</u>
		E-MAIL
ADDRESS <u>185 Camelback Pkwy, NV</u> ZIP <u>89509</u>		FAX <u>1-775-829-9359</u>
CONTRACTOR		PHONE
ADDRESS ZIP		FAX/E-MAIL
ELECTRICAL ENGINEER / CONTRACTOR		PHONE
ADDRESS ZIP		FAX/E-MAIL
MECHANICAL ENGINEER / CONTRACTOR		PHONE
ADDRESS ZIP		FAX
CIVIL ENGINEER		PHONE
ADDRESS ZIP		E-MAIL
		FAX
PLUMBING ENGINEERING / CONTRACTOR		PHONE
ADDRESS ZIP		FAX/E-MAIL



BUILDING & SAFETY TRANSFER MEMORANDUM

183769

DATE: April 12, 2011

TO: Jessica Larramendy, Department of Building and Safety

FROM: Samuel Tolman

CC: Rod Clark, Billie Jo Berlin, File, Patty Braganza, Erik Singman, David Bratcher,
Jerry Davis, O'Connor, Chas Reinhold, Brian Benson

RE: LV Museum Rehabilitation Building Permit Fees

Project Name: LV Museum Rehabilitation

Project Name from the Project Initiator Box #1.

Project Address: 300 Stewart Ave

Project address from the Building and Safety permit status screen.

Plan Check Number: Revision to Permit AP #183769

Parent 28930-C-08 Original permit

Building and Safety plan check number.

Servicer Org Number: 40511

SERVICER ORG. from the upper portion of Box #10 on the Project Initiator.

This is the org number of your project's funding source, for example, 40521 is the Park S fund org number. Do not use our section's org number 15341, nor your client such as Neighborhood Services' org number, nor the Requestor org number from the P.I., nor the Servicer org number from the lower half of Box #10. (If Finance leaves the upper portion of Box #10 empty and provides the only Servicer Org of the P.I. on the "All Costs Other than Internal Labor" line at the bottom of Box #10, use that number.) Do not use a number that ends in 0.

Account Number: 810705 Building Remodel/Addition

From the City's chart of accounts: 810205 for new or rehab Parks, 810605 for new Building construction, 810705 for Building remodels or additions.

Work Authorization Number: WU7608

The W/A NO. from the upper portion of Box #10 on the Project Initiator. (If Finance leaves the upper portion of Box #10 empty and provides the only W/A NO. of the P.I. on the "All Costs Other than Internal Labor" line at the bottom of Box #10, use that number.)

Revision to Building Permit: \$195.00

From the Building and Safety permit status screen, or as provided by B&S by email or phone when the permit is ready.

Authorizing Individual: Samuel Tolman

OAS Project Manager's name.

Funding Department: Leisure Services

Public Works, Neighborhood Services, Detention & Enforcement, Fire, etc. If multiple departments, list the department that controls the fund this transfer is drawn from.

Occupying/Programming/Operating Department: Leisure Services

Leisure Services, Detention & Enforcement, Fire, etc. If multiple departments, list primary only.

This memo shall serve as the required request from the responsible Department to issue the building permit for City property.

Thank you.

PAID

APR 12 2011

166412 en
Development Services Center

DEPARTMENT OF
PUBLIC WORKS

OAS

OFFICE OF
ARCHITECTURAL
SERVICES

400 STEWART AVENUE
LAS VEGAS, NEVADA 89101

TELEPHONE: (702) 229-6535

FAX: (702) 382-3232

TDD: (702) 386-9108

www.lasvegasnevada.gov

APCO Construction.

3840 N. Commerce Street
North Las Vegas, NV 89032

Phone: 702-366-1836
Fax: 702-366-9537

TRANSMITTAL

No. 1384.

18 3 7 6 9

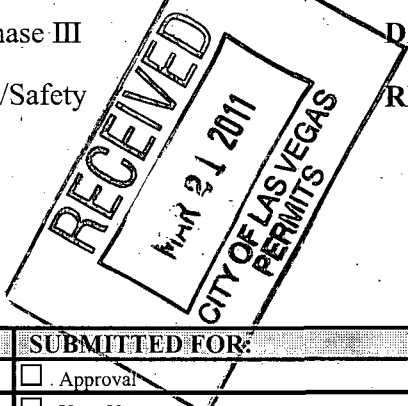
PROJECT: Las Vegas Museum - Phase III

DATE: 3/18/2011

TO: City of Las Vegas Bldg./Safety
333 N. Rancho Drive
Las Vegas, NV 89106

REF: RFI 448.3 & 755.1, 794

ATTN: Lillian Beltran



WE ARE SENDING:	SUBMITTED FOR:	ACTION TAKEN:
<input type="checkbox"/> Shop Drawings	<input type="checkbox"/> Approval	<input type="checkbox"/> Approved as Submitted
<input type="checkbox"/> Letter	<input type="checkbox"/> Your Use	<input type="checkbox"/> Approved as Noted
<input type="checkbox"/> Prints	<input type="checkbox"/> As Requested	<input type="checkbox"/> Returned After Loan
<input type="checkbox"/> Change Order	<input type="checkbox"/> Review and Comment	<input type="checkbox"/> Resubmit
<input type="checkbox"/> Plans		<input type="checkbox"/> Submit
<input type="checkbox"/> Samples -	SENT VIA:	<input type="checkbox"/> Returned
<input type="checkbox"/> Specifications	<input type="checkbox"/> Attached	<input type="checkbox"/> Returned for Corrections
<input type="checkbox"/> Other:	<input type="checkbox"/> Separate Cover Via: Hand	<input type="checkbox"/> Due Date:

ITEM	PACKAGE	SUBMITTAL	DRAWING	REV.	ITEM NO.	COPIES	DATE	DESCRIPTION	STATUS
					001	4		RFI 448.3 Response, stamped & signed	NEW
					002	4		RFI 755.1 Response, stamped & signed	NEW
					003			RFI 794 Response, stamped & signed	NEW

Remarks: Wet stamped each of above listed for approval for use to clear NCRs

* Original permit 28930- CO8

Revision to Permit # 119565

Contact: Brian Benson- APCO Construction Mob Museum Fax 366-9537 Cell phone: 469-2701 , Site phone 366-1836

CC:

Signed:

Brian Benson

IPS